

# PROJECT 10073 RECORD

1. DATE - TIME GROUP February 69	2. LOCATION Miamisburg, Ohio
3. SOURCE Civilian	10. CONCLUSION  INSUFFICIENT DATA FOR EVALUATION
4. NUMBER OF OBJECTS Not Reported	
5. LENGTH OF OBSERVATION Not Reported	11. BRIEF SUMMARY AND ANALYSIS  The observer reported to the Duty Officer that he had taken a photograph of a UFO. The observer has failed to submit any photos or return his AF Form 117 as of 15 Apr 69.
6. TYPE OF OBSERVATION Ground-Visual	
7. COURSE Not Reported	
8. PHOTOS <del>XXXXXX</del> CC/No	
9. PHYSICAL EVIDENCE  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Feb-69

TDPT (UFO)

UFO Observation, February 1969

  
Miami, Ohio 45342

Reference your UFO observation of February 1969. The information that we received is insufficient for a scientific analysis. Request you complete an AF Fm 117, photo-data sheet, and submit your original negatives for this sighting.

HECTOR QUINTANILLA, Jr, Lt Col, USAF  
Chief, Aerial Phenomena Branch  
Aerospace Technologies Division  
Production Directorate

2 Atch  
1. AF Fm 117  
2. Photo-data Sheet



TELECON 21 FEB, 1969 (ITEM 27)

# SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL  
NUMBER 21-R259

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, IAW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR \_\_\_\_\_ MINUTES \_\_\_\_\_ ☐ A.M. ☐ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR \_\_\_\_\_ MINUTES \_\_\_\_\_ ☐ A.M. ☐ P.M.

4. TIME ZONE

☐ DAYLIGHT SAVINGS

☐ STANDARD

☐ EASTERN

☐ CENTRAL

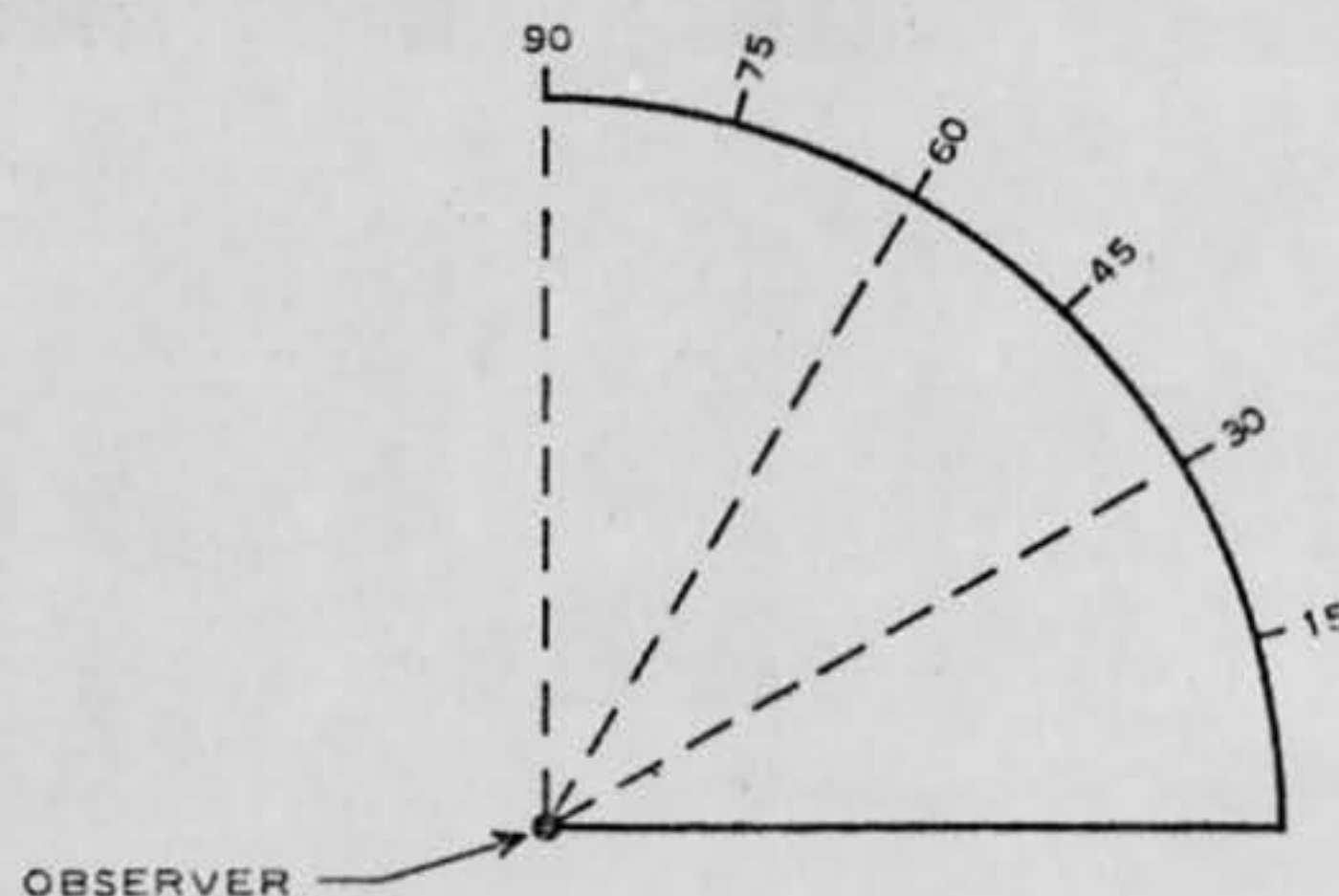
☐ MOUNTAIN

☐ PACIFIC

☐ OTHER

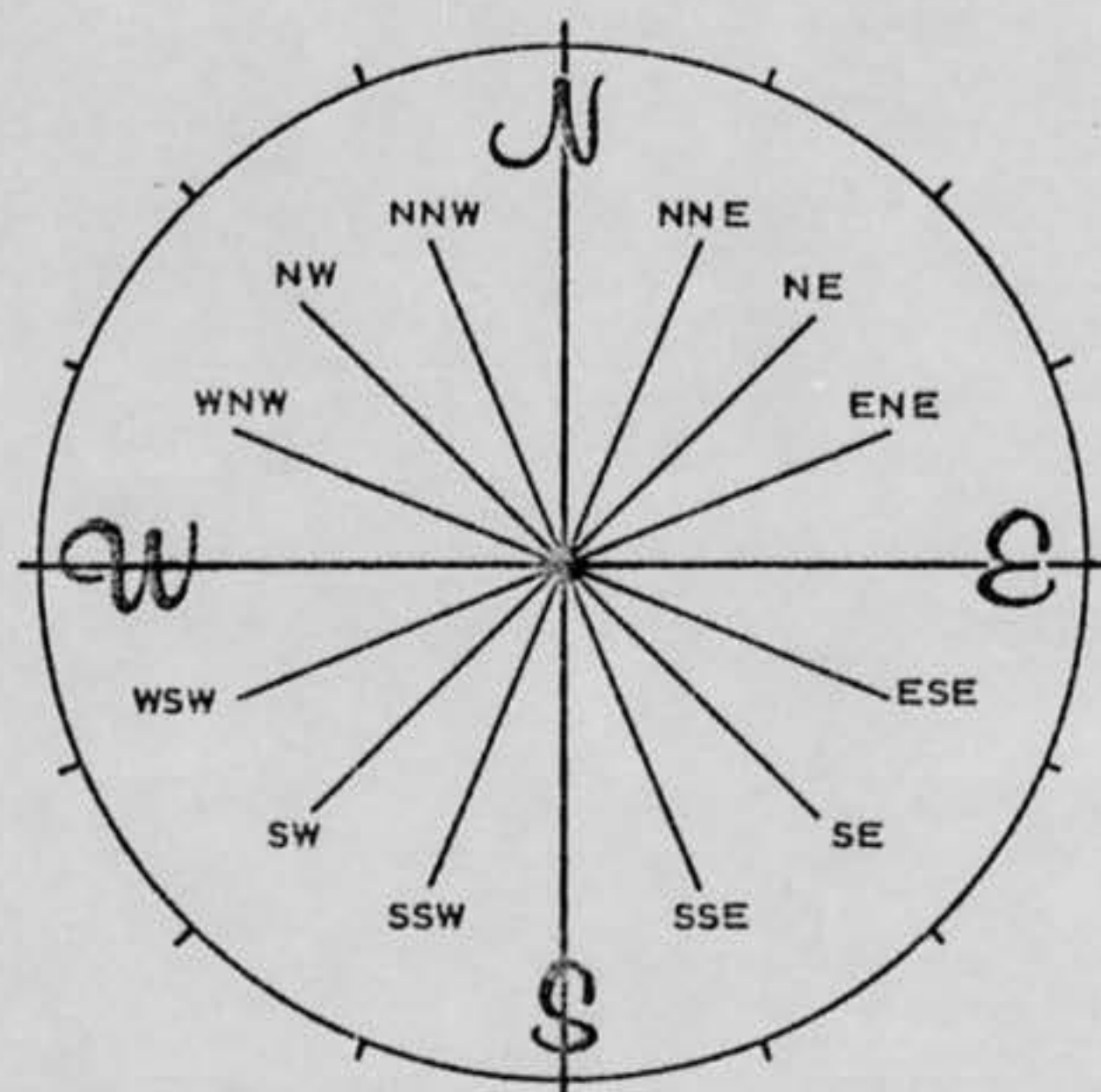
5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

5. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.

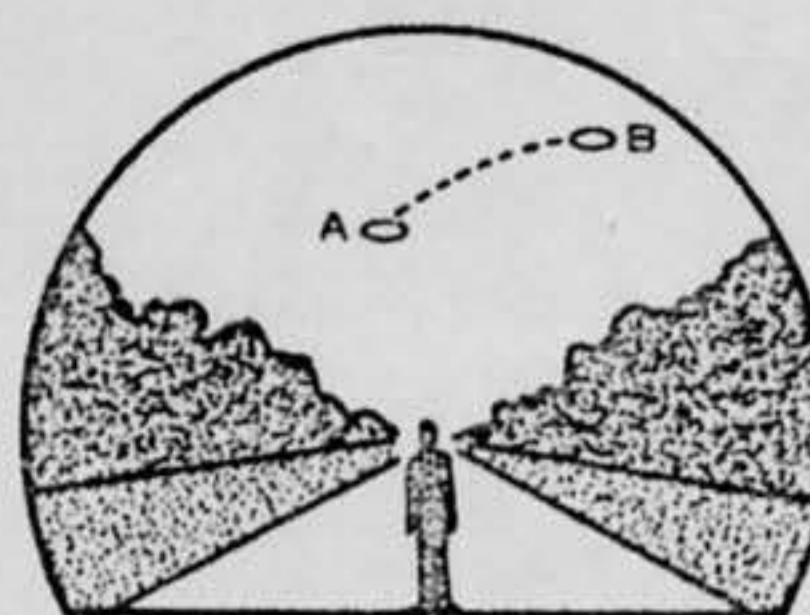
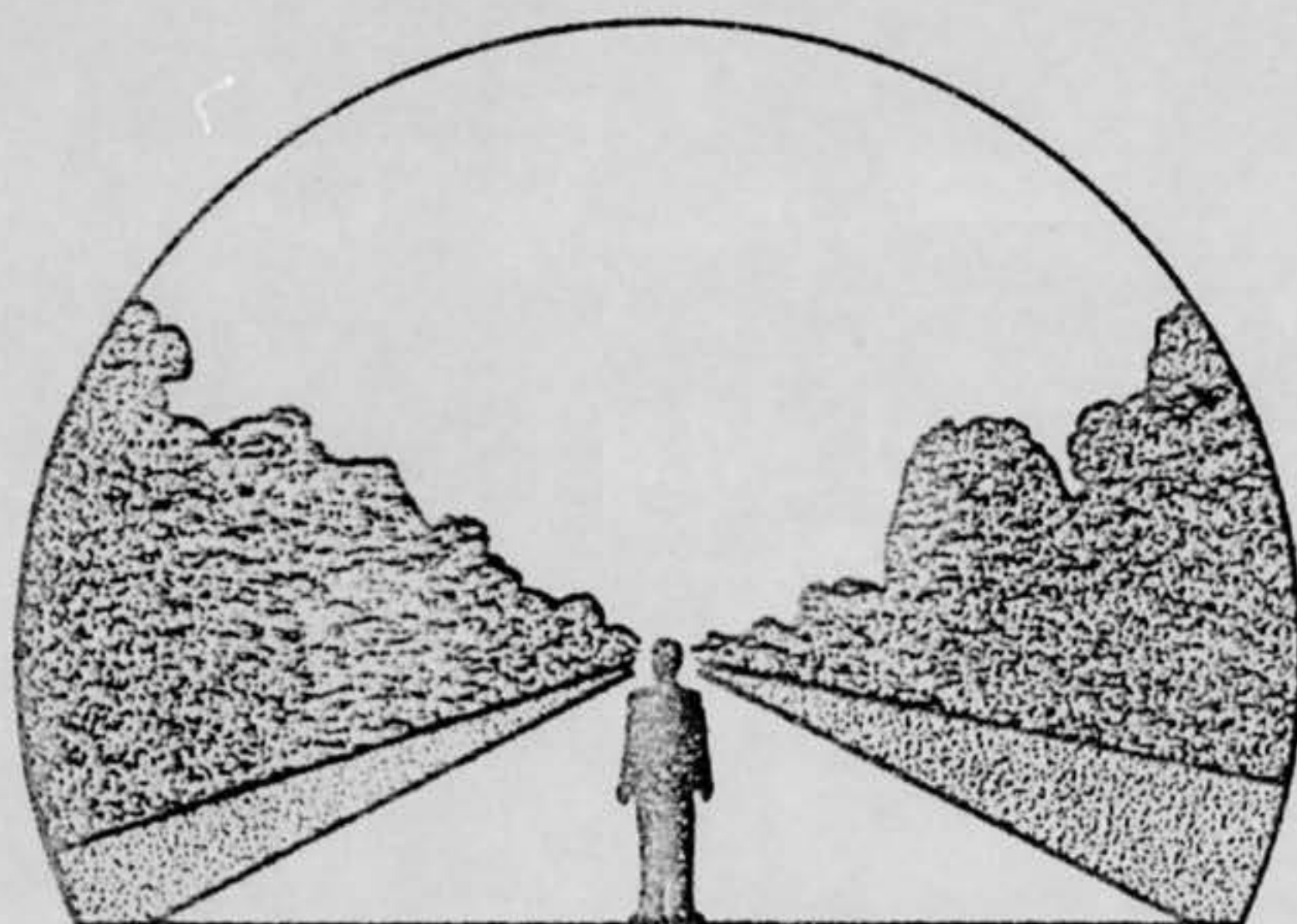




6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.





8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>OUTDOORS</td></tr> <tr><td>IN BUILDING</td></tr> <tr> <td>IN CAR      <input type="checkbox"/> AS DRIVER      <input type="checkbox"/> AS PASSENGER</td> </tr> <tr><td>IN BOAT</td></tr> <tr> <td>IN AIRPLANE      <input type="checkbox"/> AS PILOT      <input type="checkbox"/> AS PASSENGER</td> </tr> <tr><td>OTHER</td></tr> </table>	OUTDOORS	IN BUILDING	IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER	IN BOAT	IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER	OTHER	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>IN BUSINESS SECTION OF CITY</td></tr> <tr><td>IN RESIDENTIAL SECTION OF CITY</td></tr> <tr><td>IN OPEN COUNTRYSIDE</td></tr> <tr><td>NEAR AIRFIELD</td></tr> <tr><td>FLYING OVER CITY</td></tr> <tr><td>FLYING OVER OPEN COUNTRY</td></tr> <tr><td>OTHER</td></tr> </table>	IN BUSINESS SECTION OF CITY	IN RESIDENTIAL SECTION OF CITY	IN OPEN COUNTRYSIDE	NEAR AIRFIELD	FLYING OVER CITY	FLYING OVER OPEN COUNTRY	OTHER
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A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:														
WHAT DIRECTION WERE YOU MOVING?		HOW FAST WERE YOU MOVING?												
NORTH	EAST	DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON? <div style="text-align: right;"> <input type="checkbox"/> YES      <input type="checkbox"/> NO         </div>												
SOUTH	WEST													
NORTHEAST	SOUTHEAST													
NORTHWEST	SOUTHWEST													
EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.														
DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.														
HOW MUCH OTHER TRAFFIC WAS THERE?														
DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.														
9. HOW LONG WAS THE PHENOMENON IN SIGHT?														
LENGTH OF TIME	CERTAIN OF TIME	NOT VERY SURE												
	FAIRLY CERTAIN	JUST A GUESS												
HOW WAS TIME DETERMINED?														
WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES.														



10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

11. CONDITIONS (Check appropriate blocks.)

A. SKY		B. WEATHER	
DAY		CUMULUS CLOUDS ( <i>Low fluffy</i> )	FOG OR MIST
TWILIGHT		CIRRUS CLOUDS ( <i>High fleecy or Herringbone</i> )	HEAVY RAIN
NIGHT			LIGHT RAIN OR DRIZZLE
CLEAR		NIMBUS CLOUDS ( <i>Rain</i> )	HAIL
PARTLY CLOUDY		CUMULONIMBUS CLOUDS ( <i>Thunderstorms</i> )	SNOW OR SLEET
COMPLETELY OVERCAST			UNKNOWN
		HAZE OR SMOG	NONE OF THE ABOVE

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

(1) STARS	(2) MOON
NONE	BRIGHT MOONLIGHT
A FEW	MOON WITH HALO
MANY	MOON HIDDEN BY CLOUDS
UNKNOWN	PARTIAL ( <i>New or quarter</i> )

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

IN FRONT OF YOU	TO YOUR RIGHT	OVERHEAD ( <i>Near noon</i> )
IN BACK OF YOU	TO YOUR LEFT	UNKNOWN

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.



13.	DID THE PHENOMENON	YES	NO	UNKNOWN
	MOVE IN A STRAIGHT LINE?			
	STAND STILL AT ANYTIME?			
	SUDDENLY SPEED UP AND RUN AWAY?			
	BREAK UP IN PARTS AND EXPLODE?			
	CHANGE COLOR?			
	GIVE OFF SMOKE?			
	CHANGE BRIGHTNESS?			
	CHANGE SHAPE?			
	FLASH OR FLICKER?			
	DISAPPEAR AND REAPPEAR?			
	SPIN LIKE A TOP?			
	MAKE A NOISE?			
	FLUTTER OR WOBBLE?			
14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?				
A. HOW DID IT FINALLY DISAPPEAR?				
B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DESCRIBE.				

17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.

EYEGASSES

CAMERA VIEWER

SUNGLASSES

BINOCULARS

WINDSHIELD

TELESCOPE

SIDE WINDOW OF VEHICLE

THEODOLITE

WINDOWPANE

OTHER

A. DO YOU ORDINARILY WEAR GLASSES? ☐ YES ☐ NO

B. DO YOU USE READING GLASSES? ☐ YES ☐ NO

18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED \_\_\_\_\_.

19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE \_\_\_\_\_.

20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW.

21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? ☐ YES ☐ NO. IF "YES," DESCRIBE.

A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. ☐ YES ☐ NO. IF "YES," DESCRIBE.



27. INFORMATION WHICH YOU FEEL IS PERTINENT BUT WHICH IS NOT ADEQUATELY COVERED IN THIS QUESTIONNAIRE,  
ALTERNATIVELY PROVIDE A NARRATIVE EXPLANATION OF THE SIGHTING.

[REDACTED]

Called to say he has a photo  
of UFO. Wants to know what  
it is.

Lt. D. A. Carlson  
FTD/DO 21 FEB 1969